

City of Angels Community Development Department

571 Stanislaus St. #5C Angels Camp, CA 95222 (209) 736-1346(phone) ♦ (209) 736-9048(fax)

Street and Easement Vacation

The following items must be submitted for a request to vacate a street, right-of-way or easement:

- 1. Completed "Application for Vacation of a Street or Easement"
- 2. Copy of the appropriate Assessor map(s) indicating the location and extent of the vacation. Copies of the map(s) may be obtained from City Hall.
- 3. Copy of the parcel map and/or deed of easement, where applicable.
- 4. Application fee of \$300.00, payable to City of Angels

Submit the application to the City of Angels Community Development Department. Incomplete applications will not be accepted.

The application will be referred to advisory agencies for their review and comment. Agencies that may be contacted include police, fire and utilities (electric, gas, telephone, cable t.v., and city water and sewer), as well as any other agency or party that may have an interest in the street, right-of-way or easement.

The application shall be referred to a hearing before the City Council for consideration and adoption of a resolution, in accordance with the requirements of Section 8300 *et seq*. of the California Street and Highways Code, also known as the "Public Streets, Highways, and Service Easements Vacation Law."

The City Council may reserve and except from the vacation an easement and right to construct, maintain or remove public utilities, and may reserve and except from the vacation an easement for a future street. (Street and Highways Code §8340)

CITY OF ANGELS APPLICATION FOR VACATION OF A STREET OR EASEMENT

APPLICAN	I NAME:				
Phone: ()	Fax: ()	E-Mail:	
Mailing Add	dress:				
ASSESSOF	R'S PARCEL N	UMBER(S)	of all parc	els adjacent to the proposed	
Map of Rec	ord:				
Deed Refer	ence: Volume	e:	Page:	Date Recorded:	
DESCRIPTI	ON OF STREE	T, RIGHT-	OF-WAY oı	r EASEMENT to be vacated:	
REASON F	OR REQUESTE	ED VACAT	ION·		
(Attach additional shee	ets if necessary)	LD VACAT			
Signature o	of Applicant			Date	
For Office Use O	nly:				
	Date Received:			Ву:	
	Fee Paid:		Check No.:		